**Oregon Institute of Technology**

**INCIDENT REPORT**

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| Office of Risk Management – Klamath Falls  3201 Campus Drive, Snell Hall 112  Klamath Falls, OR 97601  Phone: 541-885-1133 | Office of Risk Management – Wilsonville  27500 SW Parkway Ave  Wilsonville, OR 97070  Phone: 503-821-1277 |

**Instructions:** To be completed **WITHIN 24 HOURS** of an accident, incident or condition and returned to Risk Management at one of the above addresses. This Incident Report **is not** to be used for employee work-related accidents, incidents or conditions. **Complete ALL sections**, do not leave any blanks. Attach additional sheets if necessary to describe this incident.

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| Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incident Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Incident Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Information:** | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last MI First  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone or Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Affiliation: | Student | Volunteer | Guest/Visitor | Vendor/Contractor | | |
| **Injury Information:** | |
| **Treatment**  Received onsite first aid  Will be seeking medical treatment  Received medical treatment  Hospital transport  Fatality  No treatment  Other  **Work Status**  Missed work, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No missed work  **Nature of Injury**  Burn  Inflammation/irritation  Bruise  Scratches/abrasions  Cut  Sprain/strain  Other  Body Part Affected  Left  Right  Both | **Cause of Injury**  Burned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cut by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Struck by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Needle/Sharp Stick: *Complete additional Exposure Incident Report Form*  Fall/Slip/Trip  Different level  Same level  Floor condition  Weather condition  Over object  On sidewalk/path  On stairs  **Blood**  Was blood present?  Yes  No  Was Individual exposed to someone else’s blood?  Yes  No  Source of other blood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Law Enforcement Response**  Oregon Tech Public Safety  Police  Received 1st onsite first aid |

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| 1. **Full Name and Phone Number of any Witnesses:** |
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| 1. **What was the Individual’s purpose for being on campus?** |
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| 1. **What was the Individual doing and where did the incident occur? Describe the activity. *Be specific*:**   Example: “Leaving College Union through the south double doors.” |
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| 1. **What happened? How did the injury/incident occur? *Be specific*:**   Example: “There was a tear on the carpet; visitor’s shoe got caught on the torn piece of carpet.” |
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| 1. **What was the injury, illness or incident? Describe the part of the body that was affected and how. Be more specific than “hurt” or “sore”.**   Examples: “possible strained lower back”, “possible sprained left ankle”. |
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| 1. **What object or substance directly caused the injury? If not applicable, indicate “N/A”.**   Examples: “slippery floor caused by water”, “loose bricks on walkway”. |
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| 1. **Additional Information:** |
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| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |